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APPLICANTS *One PS*
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** CONTINUING DATA ***** *None PS*

** FOREIGN APPLICATIONS ***** *One PS*
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35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged <i>Philip Aray</i> Examiner's Signature <i>PS</i> Initials				

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TITLE
 Needle-free injection device

FILING FEE RECEIVED 513	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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